

Name

Last

First

Middle

Social Security No.

Residence Address

Number and Street

Home Phone

City and State

Zip Code

Business/Message Phone

JOB TITLE

I am applying for:

If you feel you have the need for special testing/selection arrangements due to a qualifying disability, please call (559) 488-3364 or TDD # (559) 262-4833.

Extra Help - Would you accept extra-help (temporary) employment?

Yes

No

Previous Name(s) - Have you ever worked under or been known by another name? If YES, give name(s) and dates used. This information is used in references checking and record keeping.

Yes

No

Relatives with the County - Are you related by blood or marriage to any person(s) presently employed with the County? If YES, give name of relative, relationship and County department (County Charter prohibits certain employments to relatives).

Yes

No

Fresno County Employment - Are you now or have you ever been employed by the County? If YES, give position, department and dates of employment.

Yes

No

Convictions and Penalties - Have you ever been convicted of a felony? If YES, give date(s), location(s) and penalties (convictions are evaluated for each position, and are not necessarily disqualifying).

Yes

No

Employment Dismissals - Have you ever been discharged from any employment or forced to resign? If YES, give details.

Yes

No

Veteran's Credits - Do you qualify for credits based on U.S. military service?

Yes

No

For Credits: Submit with this application proof of honorable wartime service, DD214. Proof must be submitted prior to the job final filing date. Copies of documents submitted will not be returned. Credits granted only once -- upon initial County employment.

EMPLOYMENT APPLICATION

14th FLOOR, FRESNO COUNTY PLAZA

2220 TULARE ST. • FRESNO, CA 93721

(559) 488-3364

TDD # (559) 262-4833

Office Use Only

Accepted ☐ Yes ☐ No

(Subject to): ☐ Ed. ☐ Exp.

☐ Lic./Cert. ☐ Other

Date _____ By _____

Notices

Rej./Acc. _____

RE-eval. _____

Education - All applicants complete this section.

Grade or High School: Check one box.

☐ Graduated from High School.

☐ Did not graduate have _____ years of school.

☐ Did not graduate but passed a GED (General Education Development) test.

Name of High School

Location

Colleges • Universities • Schools: After High School - Check box(es). (Verification of college/university accreditation as well as transcripts and/or diploma may be required.)

☐ Have vocational school degree

☐ Have two-year accredited academic college degree

☐ Do not have degree but _____ years from an accredited college/university

☐ Have four-year accredited college/university degree

☐ Have Master's degree or Ph.D. from an accredited college/university

Give complete info. for each college, university or school after high school.

| School Name | Major | Did You Graduate | Total Units | Type of Degree Rec'd. |
|-------------|-------|------------------|-------------|-----------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Special Requirements - Fill in this section only if license(s) etc., or specific school courses are required for this job. (Proof of current valid license/certificate, etc. is required.)

License • Certificate • Registration - Show title, date expires, serial number, and which state and/or agency issued it (this includes driver's license).

Required School Courses - If college/university show units.

Language - What language(s) do you speak and understand other than English?

*** ALL APPLICANTS FILL OUT OTHER SIDE OF THIS FORM ***

EQUAL EMPLOYMENT OPPORTUNITY / AFFIRMATIVE ACTION / DISABLED EMPLOYER

PLEASE READ CAREFULLY

1. A **resume is not acceptable** in place of completing the following. Unless the spaces are completed in accordance with the instructions, this application may be rejected.
2. Show **all employment** during the past 15 years.
3. Show your **present or most recent** job first.
4. Use a separate block for **each Job Title** (even those with same employer).
5. Remember your acceptance depends on the completeness and accuracy of the information that is provided on this application.

IMPORTANT: Check [✓] boxes if employment gave you specific experience to meet requirements for Job Title on front of this application.

| | | | | | |
|--------------------------|--|--|--------------------------|----------------------|---|
| <input type="checkbox"/> | Present or Most Recent Job A From Month/Day/Yr. / / To Month/Day/Yr. / / | Job Title Describe your duties fully: | # of Hrs. Worked Weekly: | Last Monthly Salary: | Organization, Location: Name and title of supervisor: Reason for leaving: |
| <input type="checkbox"/> | Before "A" Above B From Month/Day/Yr. / / To Month/Day/Yr. / / | Job Title Describe your duties fully: | # of Hrs. Worked Weekly: | Last Monthly Salary: | Organization, Location: Name and title of supervisor: Reason for leaving: |
| <input type="checkbox"/> | Before "B" Above C From Month/Day/Yr. / / To Month/Day/Yr. / / | Job Title Describe your duties fully: | # of Hrs. Worked Weekly: | Last Monthly Salary: | Organization, Location: Name and title of supervisor: Reason for leaving: |
| <input type="checkbox"/> | Before "C" Above D From Month/Day/Yr. / / To Month/Day/Yr. / / | Job Title Describe your duties fully: | # of Hrs. Worked Weekly: | Last Monthly Salary: | Organization, Location: Name and title of supervisor: Reason for leaving: |
| <input type="checkbox"/> | Before "D" Above E From Month/Day/Yr. / / To Month/Day/Yr. / / | Job Title Describe your duties fully: | # of Hrs. Worked Weekly: | Last Monthly Salary: | Organization, Location: Name and title of supervisor: Reason for leaving: |
| <input type="checkbox"/> | Before "E" Above F From Month/Day/Yr. / / To Month/Day/Yr. / / | Job Title Describe your duties fully: | # of Hrs. Worked Weekly: | Last Monthly Salary: | Organization, Location: Name and title of supervisor: Reason for leaving: |

NOTE: We are unable to provide photocopies of submitted applications, resumes and other materials.

READ THIS STATEMENT BEFORE SIGNING:

Information provided on this application may be verified, including but not limited to, contacting former employers.

My signature certifies that all the information on this application is true, including that regarding my education and experience. I understand and agree that any misstatements or omissions of material facts herein will cause forfeiture on my part of all rights to employment by Fresno County.

Date _____

**IMPORTANT NOTICE
REGARDING EMPLOYMENT**

Employment with the County of Fresno does not occur until the Department Head and the County Administrative Officer sign and file a formal document appointing the applicant to a job position following successful completion of all employment procedures, including a medical evaluation. Until formal appointment is made in this manner, any offers of County employment are conditional and preliminary and may be withdrawn. At time of hire, county employees must meet documentation requirements of the Federal Immigration Reform and Control Act of 1986.

DATE STAMP

**AFFIRMATIVE ACTION
INFORMATION**

JOB TITLE - I am applying for: _____

Requested in accord with county policy, state and federal requirements - this information is voluntary and will NOT be retained with your application, but handled separately and confidentially for statistical purposes.

Please check applicable boxes:

- ☐ White: (not Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
 - ☐ Black: (not Hispanic) All persons having origins in any of the black racial groups of Africa.
 - ☐ Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race.
 - ☐ Asian or Pacific Islanders: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands (for example India, China, Japan, Korea, Philippine Islands, and Samoa).
 - ☐ South East Asian: (Hmong, Khmer (Cambodian), Lao, Thai, Vietnamese, Mien)
 - ☐ American Indian or Alaska Native: All persons having origins in any of the original peoples of North America, and maintain cultural identification through tribal affiliation or community recognition.
- ☐ Male ☐ Female ☐ Under 40 ☐ 40 or over